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→ Approved for use through 10/31/2002 OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional application under 37 CFR 1.53(b))</i>	Attorney Docket No.: <i>First Named Inventor:</i> Title: Express Mail Label No.:	1708-12 NICOLA JULIA DAVISON SYSTEM FOR TACTILE PROPERTIES ASSESSMENT EV 171220033 US
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APPLICATION ELEMENTS <i>See MPEP chapter 6000 concerning design patent application contents</i>		ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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- Fee Transmittal Form (e.g. PTO/SB/17)
(submit an original, and a duplicate for fee processing)
- Applicant claims small entity status
See 37 CFR 1.27
- Specification [Total Pages 16]
(preferred arrangement set forth below, MPEP 1503.01)
 - Descriptive Title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (*if filed*)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
- Drawings(s) (37 CFR 1.152) [Total Sheets 7]
- Oath or Declaration [Total Pages]
 a. Newly executed (original or copy)
 b. Copy from a prior application (37 CFR 1.63(d))
 - a. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior appl., see 37 CFR 1.63(d)(2) and 1.33(b)
- Application Data Sheet. See 37 CFR 1.76

7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on
 - i. CD-ROM or CD-R (2 copies or
 - ii. paper
 - c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))
10. 37 CFR 3.73(b) Statement Power of Attorney (when there is an assignee)
11. English Translation Document (*if applicable*)
12. Information Disclosure Statement (IDS) PTO-1449 Copies of IDS Citations
13. Preliminary Amendment
14. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. Certified Copy of Priority Document(s) (*if foreign priority is claimed*)
16. Nonpublication Request under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. Other: ...PTO-2038 Form.....

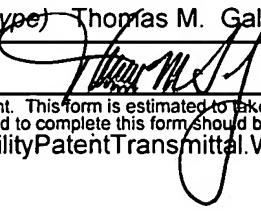
18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No. _____

Prior application information: Examiner: _____ Group Art Unit: _____

For **CONTINUATION OR DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label <i>(Insert Customer No. or Attach bar code label here)</i> or <input checked="" type="checkbox"/> Correspondence address below					
Name	Galgano & Burke				
Address	300 Rabro Drive, Suite 35				
City	Hauppauge	State	New York	Zip Code	11788
Country	USA	Telephone	631-582-6161	Fax	631-582-6191
Name (Print/Type) Thomas M. Galgano			Registration No. (Attorney/Agent)		27,638
Signature 			Date October 17, 2003		

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington DC 20231.
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FEE TRANSMITTAL FOR FY 2003

Effective 01/01/2000. Patent fees are subject to annual revision

Applicant claims small entity status.
See 37 CFR1.27

TOTAL AMOUNT OF PAYMENT (\$) **394.00****Application Number:****Filing Date:****First Named Inventor:**

Nicola Julia Davison

Examiner Name:**Group Art Unit:****Attorney Docket No.:**

1708-12

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:Deposit Account Number: **07-0130**Deposit Account Name: **Galgano & Burke**

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below
- Credit any overpayments
- Charge any additional fee(s) during the pendency of this application except for issue fee
- Charge fee(s) indicated below, except for filing fee to the above-identified deposit account.

FEE CALCULATION**1. BASIC FILING FEE****Large Entity** **Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	\$ 385.00
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$) **385.00****2. EXTRA CLAIMS FEES FOR UTILITY & REISSUE**

Extra Claims	Fee from below	Fee Paid
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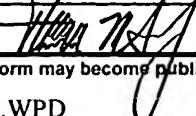
Total Claims 21 - 20** = 1 x 9 = 9Independent Claims 1 - 3** = 0 x = Multiple Dependent = **Large Entity** **Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20 independent claims in excess of 3
1201	84	2201	42	Multiple dependent claim, if not paid
1203	280	2203	140	**Reissue independent claims over original patent
1204	84	2204	42	**Reissue claims in excess of 20 and over original patent
1205	18	2205	9	

SUBTOTAL (2) (\$) **9.00****or number previously paid, if greater;
For Reissues, see above**SUBMITTED BY****COMPLETE (if applicable)**Name (Print/Type) Thomas M. Galgano

Registration No. 27,638

Telephone: 631-582-6161

Signature 

Date October 17, 2003

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

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